

ferences between responders in the treatment groups provides a more comprehensive characterization of the treatment effect.

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HEALTH CARE COST SAVINGS WITH BUDESONIDE CONTROLLED ILEAL RELEASE CAPSULES (CIR) IN CROHN'S DISEASE

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BACKGROUND: Economic aspects are important when assessing the overall benefit of a treatment strategy. The number of investigations of these aspects are few within the field of Crohn's disease (CD). **OBJECTIVE:** To assess the economic consequences, from a health care budget perspective, of treating CD patients with budesonide CIR (Entocort capsules) 6 mg per day as maintenance therapy compared to no maintenance treatment (NMT). **METHOD:** A validated decision-analytic model (Noble et al., 1998) on the treatment of CD in Sweden was used. The model used pooled patient data from randomised, double blind trials of budesonide CIR capsules (n = 90) versus placebo (n = 90) and covers a study period of one year. For events not investigated in the clinical trials, literature and panel data were used. Cost inputs for health care resources were based on costs observed for 11 regional hospitals in Sweden in year 1996. The analysis took into account costs for health care resources associated with managing inactive and active phases of CD, e.g., diagnostic and surgical procedures, physician visits, hospitalisations and drug consumption. Panel data and cost inputs were tested in a sensitivity analysis. **RESULT:** Average annual cost per patient was SEK 36,745 for budesonide CIR capsules patients compared to SEK 38,130 for NMT patients. With a Swedish prevalence between 13,000 to 18,000 patients this could mean annual savings of 18 to 25 million SEK (2–2.8 million USD). Stability of the results was confirmed when altering values on panel data and cost inputs. **CONCLUSION:** Budesonide CIR capsules, prolonging time in remission, is a cost-saving treatment strategy for the treatment of Crohn's disease in Sweden.

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COST-EFFECTIVENESS ANALYSIS OF HELICOBACTER PYLORI ERADICATION TRIPLE THERAPY VERSUS CONVENTIONAL THERAPY FOR GASTRIC AND DUODENAL ULCERS IN JAPAN

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OBJECTIVES: Helicobacter pylori (H.pylori) eradication triple therapy with a combination of lansoprazole, amox-

icillin, and clarithromycin was approved in September 2000 in Japan. The objective of this analysis was to compare the cost-effectiveness of this eradication therapy with conventional H2RA therapy in Japan. **METHODS:** We used decision analysis software to establish two Markov models, one for gastric ulcers and the other for duodenal ulcers. The model design was based on the Japanese H. pylori eradication guideline and specialists opinions. The model input data were derived mainly from a literature review. The models predict the direct medical costs, number of disease free days (DFDs) and cost per DFD for five years. Sensitivity analyses were conducted by varying the success rate and the probability of endoscopic relapse in symptomatic patients. The payer's perspective was selected. **RESULTS:** According to the gastric ulcer model, the expected total costs of eradication and conventional therapies for an individual patient at the end of five years would be 169,719 Yen and 390,921 Yen, respectively; the expected DFDs 1,454 days and 1,313 days, respectively; and the expected cost per DFD 117 Yen and 298 Yen, respectively. According to the duodenal ulcer model, the expected total costs of the eradication and conventional therapies would be 134,786 Yen and 324,689 Yen, respectively; the expected DFDs 1,503 days and 1,387 days, respectively; and the expected cost per DFD 90 Yen and 234 Yen, respectively. The sensitivity analyses showed the results of baseline analysis to be robust. **CONCLUSIONS:** We found that this eradication therapy is less costly and more effective than conventional therapy for the treatment of gastric and duodenal ulcers in a Japanese medical setting. Thus, eradication therapy is recommended for gastric and duodenal ulcers from an economic as well as a clinical viewpoint, in Japan.

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BUDESONIDE CIR IS COST-EFFECTIVE IN MAINTENANCE THERAPY OF CROHN'S DISEASE IN FINLAND

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OBJECTIVE: To assess the economic outcome, from a health care budget perspective, of treating Crohn's disease (CD) patients with budesonide controlled ileal release (CIR) 6 mg per day as maintenance therapy compared to no maintenance therapy (NMT). **METHODS:** A validated decision-analytic model (Noble et al., 1998) on the treatment of (CD) was used. The model was adjusted to specifically depict CD patient management in Finland. The analysis was based on pooled patient data from randomised, double blind clinical trials comparing budesonide CIR (n = 90) in maintenance therapy with placebo (n = 90). In accordance with the clinical trials the analysis covered a study period of up to one year. The analysis took into account clinical outcomes and consequences of